



## **Application Data Sheet**

### **Application Information**

Application number:: 10/791,373  
Filing Date:: March 1, 2004  
Application Type:: Continuation-in-Part  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?  
Title:: Clamp Connection and Release Device  
Attorney Docket Number:: 1131-102.US  
Request for Early Publication?::  
Request for Non-Publication?::  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 7  
Small Entity:: Yes  
Petition included?::  
Secrecy Order in Parent Appl.?::

### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country: US  
Status:: Full Capacity  
Given Name:: Dennis  
Middle Name::  
Family Name:: Janovici  
City of Residence:: Venice  
State or Province of Residence:: California  
Country of Residence:: US

Street of mailing address:: 1023 Pleasant View Avenue  
City of mailing address:: Venice  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 90291

Applicant Authority type:: Inventor  
Primary Citizenship Country: US  
Status:: Full Capacity  
Given Name:: Anthony

Middle Name::  
Family Name:: Zahn, Jr.  
City of Residence:: Henderson  
State or Province of Residence:: Nevada  
Country of Residence:: US  
Street of mailing address:: 1021 Gladiola Way  
City of mailing address:: Henderson  
State or Province of mailing address:: NV  
Postal or Zip Code of mailing address:: 89015

Applicant Authority type:: Inventor  
Primary Citizenship Country: US  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name::  
Family Name:: White  
City of Residence:: Henderson  
State or Province of Residence:: NV  
Country of Residence:: US  
Street of mailing address:: 588 Kennerly Street  
City of mailing address:: Henderson

State or Province of mailing address:: NV  
Postal or Zip Code of mailing address:: 89015

Applicant Authority type:: Inventor  
Primary Citizenship Country: US  
Status:: Full Capacity  
Given Name:: Matt  
Middle Name::  
Family Name:: Sweeney  
City of Residence:: Studio City  
State or Province of Residence:: California  
Country of Residence:: US  
Street of mailing address:: 11561 Kelsey Street  
City of mailing address:: Studio City  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 91604

### **Correspondence Information**

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State or Province of mailing address:: CA  
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### **Representative Information**

Representative Designation::	Registration number::	Name::
Primary	32393	Colin P. Abrahams

Representative Customer Number::	023390
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#### Domestic Priority Information

Application::	Continuity Type:	Parent Application::	Parent Filing Date::
This Application	continuation in part	09/894,930	06/28/01

#### Foreign Priority Information


#### Assignment Information

Assignee name::